gency Report of: eremonial Role Events and Ticke	VPASS DIO	C) BID GIEL OF T	Date Stamp Califo	rhia
Agency Name		•	Sar C	Official Uso Only
Oakland Alameda County Coliseum Authorit	У		7514	
Division, Department, or Region (If Applicable)				
Susan S. Muranishi, County Administrator, A	Nameda Cour	ity	-	1
Designated Agency Contact (Name, Title)			Amendment (Must provide explan	nation in Part 3.)
			Amendment (Must provide expan	later, m.
Area Code/Phone Number E-mail	las@accov		Date of Original Filing:(Month.	Day, Year)
510-272-3862 countyadminis	ttarol@acgo.		Cana	oftacke o
2. Function or Event Information	/es⊠ No□	Face Value	of Each Ticket/Pass \$ Second	de la
	ekethall	Data/a/Cae	attached 131 Outlan	ched
Does the agency have a ticket policy: Golden State Warriors Ba Event Description Provide Title/Explan	nation			
	Yes⊠ No□	lf no:	Name of Source	
Ticket(s)/Pass(es) provided -7	Para a sala a			
Was ticket distribution made at the behest of agency official?	No 図 Yes □		GIII and a second	
Recipients Pac Section A to Identify the agency's department or to	Mas Coglie	an B to Identify an indi	vidual. • Use Section C to Identify an out	talde organization.
 Use Section A to Identify the agency's department or t 	Number of	Describe the	public purpose made pursuant to the a	gency's policy
A. Name of Agency, Department or Unit	Ticket(e)/ Pass(es)	Dodoulas and	· ·	
	+			-
			A Aba Sallougur	
Name of Individual	Number of Ticket(s)/		(dentify one of the following:	Luca I
B. (Lust, First)	Pass(88)	Ceremonial R	tole Other 🗵	lncome
Muranishi, Susan S.	audata	If checking "Ca	nemonial Role" or "Other" describe below: ntives to City and County emplo	yees that
Muranism, Susan C.	2/date	to provide ince	es to the Authority	
		aled i	Bale C Other C	(Ncome
		If checking *C	oromonial Role" or "Other" describe below:	
				annual policy
C Name of Outside Organization	Number of Ticket(a)	Describe ti	ne public purpose made pursuant to the	9 Sileurà e bours
C. (include address and description)	Pass(es)		N I I I I I I I I I I I I I I I I I I I	
	7200			
4. Verification I have read and understand FPPC Regulations 18944.1	and 18942 I have	verified that the distribu	dian sét férih abova, is in accordance with the	requirements.
I have read and understand FPPC Regulations 18944.	Susan S. I	vluranishi		(Mdath, Glay, Ya
Signeture of Adgress Head or Designoo	Paint N		Title	
				FPPC Form 802

Golden State Warriors

October 2016

Susan Muranishi

	Marriage	October 4, 2016	(2) tickets	\$675.00
*	Warriors v		(2) tickets	\$675.00
0	Warriors v	October 21, 2016	` '	\$1350.00
0	Warriors v	October 25, 2016	(2) tickets	7,550,00

Age	ncy Report of: emonial Role Event	ts and Ticket/Pa	ss Distrib	utions	<u> </u>	Public Docum	
	gency Name				Date Stamp	California 8	1/2
1. A	akland Alameda County C	oliseum Authority				For Official Use Or	NOTES SERVICE
<u> </u>	ivision, Department, or Regi	on (if applicable)		,		FOI CHICIAI COSC CI	""
							l
C	hris Dobbins, OACCA Con	Name Title]
D	esignated Agency Contact (Name, me)				l Provide Explanation in Part	31
		to the same of			Amendment (Must	Provide Explanation in Fact	~
A	rea Code/Phone Number	E-mail			Date of Original Filing	!:	
	510.383.4801	chrisdobbins@oakla		400 m			
	unction or Event Infor		Ea	oo Value of	Each Ticket/Pass \$\$	Seeattack	Kd
	Does the agency have a tic	ket policy? Yes 🛚	☑ No□ Fa	ice value of	2 A A	IL and	9
E	Event Description: Warriors	basketball 2016 Sea	son Da	ate(s) 	<u> see</u> ce	ti <u>acose</u>	
	ricket(s)/Pass(es) provided	•	No□ If	no:	Name of Source		ууучин
١	Was ticket distribution made	e at the behest Yes[] No⊠ ^{If}	yes:	Official's Name (Last, Fire	sf)	
	of agency official?						***************************************
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to i	dentify an indiv	idual. • Use Section C to id	lentify an outside organiza	tion.
			Number	Described	the public purpose made	pursuant to the agency's	policy
	A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe	tile bublic barbose meas		
	the state of the s						
		A	Number		Identify one of t	he following:	
	B. Name of In		of Ticket(s)/ Passes				
	franci.			Cer	emonial Role 🔲 Othe		Income
	Dobbins, Chris		2 per		ecking "Ceremonial Role" or "Othe ate efficiencies of op	er describe below: perations of various s	porting
			2. poi	land other	events that occur at	Coliseum Complex	
				Carlo Ottion	remonial Role Othe	er 🗍	Income [
			gama	If of	necking "Ceremonial Role" or "Othe	er" describe below:	
			game				
		A CONTRACTOR OF THE PARTY OF TH	Number		A STATE OF THE PARTY OF THE PAR		- naliau
	Name of Outside	Organization	of Ticket(s)/	Describe	the public purpose made	pursuant to the agency	s policy
	C. (include address a	nd description)	Passes				
				_		<u>,</u>	
					the second s		
excent	***						
4.	Verification I have read and understand	EDDC Bogulations 1904	14 1 and 18942	. I have verific	ed that the distribution :	set forth above, is in ac	scordanc
	I have read and understand		rair and 100-12				
Å	with the requirements.	~ .	-ia Dabbina		OACCA Commissi	ioner Octobe	ег 2016
		- Talegram and the same and the	ris Dobbins Print Name		Title	(month,	day, year)
•	Signature of Agescy Head or De	signee	FILL MOUNT				
					and the second s		
	Comment:	<u> Mariana da Mariana d</u>					

Golden State Warriors

October 2016

Chris Dobbins

•	Warriors v	October 4, 2016	(2) tickets	\$675.00
•	Warriors v	October 21, 2016	(2) tickets	\$675.00
e	Warriors v	October 25, 2016	(2) tickets	\$1350.00

I. Agency Name					Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	ority			For Official Use Only
	Division, Department, or Regi	ion (If Applicable	e)			
	Barbara J. Parker, City Attor	rnev/OAACA	Official			
	Designated Agency Contact (31		
						provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing:	(Month. Day, Year)
2.	Function or Event Infor	mation			de la companya de la	1,350.00
	Does the agency have a ticke	t policy?	Yes⊠ No[of Each Ticket/Pass \$	
	Event Description Warriors v	. San Antonic	Spurs Ianation	Date(s)10) , 25 , 16	
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[] If no:	Name of So	ource
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes[☐ If yes:	Official's Name (Last, First)
3.	Recipients			E CO PROGRAM		stifu on outside organization
	Use Section A to Identify the agence	y's department or				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
	B. Name of Individue	al	Number of Ticket(s)/ Pass(es)	* '	Identify one of the follow	
	No.			Ceremonial Role		Income
	Barbara J. Parker		2	To investigate the	nial Role or Other describe helow efficiencies of the ope events that occur at C	erations of the various Coliseum Complex
				Ceremonial Role		Income [
			2	II checking 'Ceremo	mal Role" or Other" describe below	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	No.					
4.	Verification I have read and understand PPPC Regi	ne 1 bb081 znoitelu	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance w	with the requirements
	nave jead and understand PPPC Regi	unduons 19344, i di	Barbara J. I		ty Attorney/OAACA O	
	Signature of Agency Head or Designe	e .	Print Nam		Title	(Month. Day. Year)
	Comment:	171				
						FPPC Form 802 (4/12)

Amendment (Must provid	For Official Use Only
Amendment (Must provid	
	le explanation in Part 3.)
ate of Original Filing:	Marth Day Yeard
	Month, Day, Tear)
ach Ticket/Pass \$	675.00
21 16	7 7
21 / 10	
Name of Source	
Official's Name (Last,	, First)
a Use Section C to Identify	an outside organization.
a de decidir e te perimp	the agency's policy
purpose made pursuant to	the agency o possey
dentify one of the following	
Other 🗵	Income
iciencies of the operat	tions of the various
	Income [
Role or Other describe below	
purpose made pursuant to	o the agency's policy
	gen array on \$100 May recovery the state of
th above, is in accordance with	the requirements
Attorney/OAACA Offic	cial 11/09/2016
Tilie	(Month Day Year)
	FPPC Form 802 (4/12
a d d d d d d d d d d d d d d d d d d d	Official's Name (Last • Use Section C to identify burpose made pursuant to Other Other Other Other Other Other Other Other Other Other Other

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(Month, Day, Year) bparker@oaklandcityattorney.org (510) 238-3815 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description Warriors v. Los Angeles Clippers Date(s) Provide Tille/Explanation If no: Yes⊠ No□ Name of Source Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest No ☑ Yes ☐ If yes: _ Official's Name (Last, First) of agency official? • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es) Identify one of the following: Name of Individual Ticket(s)/ Pass(es) Other 🛛 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide Johnson, Tiago 2 services to the Authority Income \square Other \square Ceremonial Role If checking "Geremonial Role" or "Other" describe below: 2 Describe the public purpose made pursuant to the agency's policy Numper of Ticket(s)/ Pass(es) Name of Outside Organization (include address and description)

Dan She	14.1 and 18942. I have verified that the dis Barbara J. Parker	tribution set forth above, is in accordance with the requ City Attorney/OAACA Official	uirements. 11/09/2016 (Month, Day, Year)
(Signature of Alency Head or Designee	•	FPPC Toll-Free Helpline: 866/ASK	FPPC Form 802 (4/1 (-FPPC (866/275-777

200						
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form OUZ For Official Use Only
	Division, Department, or Reg	jion (if applicable)				1 of Official dae Offiy
	Larry Reid, OACCA Chair	Tr				
	Designated Agency Contact	(Name,Title)				
	Area Code/Phone Number	[E-mail	-		Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	lreid@oaklandnet.d	com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No ☐ F	ace Value of	Each Ticket/Pass \$	el attached
	Event Description: Warriors	Basketball 2016 Se	ason [Date(s)	,se, attach	ed ,
	Ticket(s)/Pass(es) provided	by agency? Yes I		f no:	Name of Source	
				·		
	Was ticket distribution made	at the behest Yes	□ No 図	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
		ATE .				37
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
	Reid,Larry		2 per	to investigate	nonial Role Other E ding "Ceremonial Role" or "Other" di e efficiencies of vario occur at Coliseum Co	escribe below: us sporting and other
			game	Cerem	nonial Role Other of Other o	Income [
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
1	Verification			CONTRACTOR OF THE PARTY OF THE		
	vernication I have read and understand FPI	PC Regulations 18944	1 and 18942	have verified t	hat the distribution set f	orth above, is in accordance
	with the requirements.	al I		navo vormod i		
1	Signature of Agency Head or Designation		ry Reid Int Name		OACCA Chari	October 2016 (month, day, year)
	Comment:	U				

Golden State Warriors

October 2016

Larry Reid

8	Warriors v	October 4, 2016	(2) tickets	\$675.00
0	Warriors v	October 21, 2016	(2) tickets	\$675.00
	Warriors v	October 25, 2016	(2) tickets	\$1350.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Larry Reid, OACCA Chair Designated Agency Contact (Name, Tille) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -Ireid@oaklandnet.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 275.00 Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Raider 2016 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Other X Income [Ceremonial Role Reid, Larry If checking "Ceremonial Role" or "Other" describe below, to investigate the efficiencies of operations for various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization C. (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. OACCA Chair 8.11.16 Larry Reid (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment:

Raiders Football

October 2016

Larry Reid

8	Raiders	٧	San	Diego
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October 9, 2016

(2) tickets

Raiders v Kansas City

October 16, 2016

(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 510,383,4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 275.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Raider 2016 Season Date(s) Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗌 Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: game Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942	. I have verified that the distribution set forth above,	is in accordance
with the requirements.		

with the requirements.			
	Chris Dobbins	OACCA Commissioner	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Raiders Football

October 2016

Chris Dobbins

Raiders v San Diego

October 9, 2016

(2) tickets

Raiders v Kansas City

October 16, 2016

(2) tickets

	A STATE OF THE PARTY OF THE PAR	/ISHIDUHOTIS	Date Stamp	alifornia QA2
Agency Name			Date Stamp	Form 6U2
Oakland-Alameda County Coliseum Author	rity			For Official Use Only
Division, Department, or Region (If Applicable)				
Barbara J. Parker, City Attorney/OAACA C	fficial			
Designated Agency Contact (Name, Title)				
			Amendment (Must provide	explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing:	
(510) 238-3815 bparker@oak	landcityattor	ney.org	Date of Original Filing:	se See Attached
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No[] Face Value of	of Each Ticket/Pass \$	24 16
Oakland Raiders 2016 S	eason Ticket	ts Date(s)08	or Dates, Please See	Attached
Event Description Provide Title/Expla	nation	ļ	For Dates, Please See	Allached
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No 🛭] If no:	Name of Source	
Was ticket distribution made at the behest of agency official?	No⊠ Yes [If yes:	Official's Name (Last,	First)
 Recipients Use Section A to identify the agency's department or 	unit e Use Sec	tion B to identify an individ	lual. • Use Section C to identify a	n outside organization.
	Number of	Describe the pu	blic purpose made pursuant to the	ne agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Descript the p		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:	
Cost. First)	Pass(es)	Ceremonial Role	Other 🛛	Income 🔲
Barbara J. Parker		If checking *Cerem	onial Role" or "Other" describe below	
Barbara J. Parker				
	2	To investigate the	efficiencies of the operation	ons of the various seum Complex
	2	sporting and othe	e efficiencies of the operation of the o	seum complex
		sporting and othe	e efficiencies of the operation of the o	seum complex
	2	sporting and othe	e efficiencies of the operation revents that occur at Colis	seum complex
1 Outside Organization	2 Number of	sporting and othe Ceremonial Role II checking "Ceren	e efficiencies of the operation of the o	Income
C. Name of Outside Organization (include address and description)	2	sporting and othe Ceremonial Role II checking "Ceren	e efficiencies of the operation revents that occur at Colis	Income
C. Name of Outside Organization (include address and description)	2 Number of Ticket(s)/	sporting and othe Ceremonial Role II checking "Ceren	e efficiencies of the operation of the o	Income
C. Name of Outside Organization (include address and description)	2 Number of Ticket(s)/	sporting and othe Ceremonial Role II checking "Ceren	e efficiencies of the operation of the o	Income
C. Name of Outside Organization (include address and description)	2 Number of Ticket(s)/	sporting and othe Ceremonial Role II checking "Ceren	e efficiencies of the operation of the o	Income
(include address and description)	Number of Ticket(s)/ Pass(es)	sporting and othe Ceremonial Role If checking "Ceren Describe the p	e efficiencies of the operation events that occur at Colise Other Official Role or Other describe below.	Income In
(include address and description)	Number of Ticket(s)/ Pass(es)	sporting and othe Ceremonial Role If checking "Ceren Describe the p	e efficiencies of the operation events that occur at Colise Other Official Role or Other describe below.	Income In

Raiders Football

October 2016

Barbara Parker

Raiders v San Diego

October 9, 2016

(2) tickets

Raiders v Kansas City

October 16, 2016

(2) tickets

Agency Report of:

Contained and	3.50 00 00				
Ceremonial	Role	Events	and	Ticket/Pass	Distributions

agency Report of. Ceremonial Role Events and Ticl	cet/Pass D	listributions		A Public Document
I. Agency Name	The second second second	A Charles and a second	Date Stamp	Callfornia 802
Oakland Aladeda County Colisi Division, Department, or Region (If Applicable)	lum Author	1ty		For Olficial Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Tille)				
	and the state of t		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mall (510) 836~6688 YuiHay(YHLA.net	-	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description RADER Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest	Yes□ No□ TANE; nullon Yes□ No□ No□ Yes□	$\sum_{j}^{\infty} \frac{2}{R!}$ If no:	of Each Ticket/Pass \$ TIX/GIAIV EGULAR S Name of S	
of agency official? 3. Recipients		and the second s		
 Recipients Use Section A to identify the agency's department or 	unit, " Uge Secti Number of	on B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
A, Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursue	uni to the agency's policy
Yui Hay Lee, Commissioner	16.	#3		
B. Namo of Individual (Last, Fee)	Number of Tickel(e)/ Pass(os)		identify one of the folio	
		Geremonial Role If checking "Geremo	Olher Dinar' describe beto	Income _
		Ceremonial Role If chacking *Gerama	Other Duntal Rola" or "Other" describe belo	Incomo [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursu	ant to the agency's policy
ি Verification They rest and uniquestant BPC Regulations 10944 1 am	d 18942. I have vel 11 Hay Lee	illed that the distribution so	l forth above, is in accordance DACCA Commissio	o with the requirements,
Sandard Merken State or Designed	Print Name	And the second s	Tille	fateam, Chy, Your)
Complent:			EDDC Yall-Eron Halalin	FPPC Form 802 (4/1 m: 866/ASK-FPPC (866/275-777

Raiders Football

October 2016

Yui Hay Lee

 Raiders v San Diego

October 9, 2016

(2) tickets

Raiders v Kansas City

October 16, 2016

(2) tickets

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	ority			Form For Official Use Only
	Division, Department, or Regi					Por Official Use Offiy
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-6840	SLandreth@	@oaklandnet.co	om	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation		0.000c		27500
	Does the agency have a ticke	t policy?	Yes⊠ No [_	of Each Ticket/Pass \$	0.70
	Event Description Raiders	Provide Title/Exp		Date(s)10	0 , 09 , 16	
		120 CC 64 00 25 CC - CF F CC 6 14 CC 6		100		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No 🕻] If no:	Name of Sou	ırce
	Was ticket distribution made a	at the behest	No ☐ Yes 🛭	If yes: Sabri	na Landreth	
	of agency official?		110 🖂 100 🗈		Official's Name (L	.ast, First)
3.	Recipients			8 75		iif. an outside organization
	Use Section A to identify the agence	y's department o				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follow	ing:	
	(Last, First)	Pass(es)			Income	
	Landroth Cohring		Ceremonial Role If checking "Ceremo	Other Innial Role" or "Other" describe below:	illegue 🗖	
	Landreth, Sabrina	2 To investigate th		igate the efficiencies of the operations of the various and other events that occur at the Coliseum Complex.		
			Ceremonial Role		Income	
			If checking "Ceremo	onial Role" or "Other" describe below:		
			2			
			Number of			
	Name of Outside Organization (Include address and description)		Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuan	t to the agency's policy
4	Verification I have read and understand FPPC Reg	rulations 19044 1	and 18942 I have ve	erified that the distribution se	t forth above, is in accordance w	vith the requirements.
	I have read and understand FPPC Reg	juiauons 10944.13	Sabrina La		City Administrator	10/20/16
	X	00	Sabrina La		Title	(Month, Day, Year)
	Signature of Agency Head or Design	ee	r increas			
	Comment:					FPPC Form 802 (4/12

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name				AT abile Becalifeli	
Oakland Alameda County Coliseur	Date Stamp	California 802			
	Division, Department, or Region (If Applicable)				
	GAT OF THE ACT SHAPE CASE SHAPE C				
Sabrina B. Landreth					
Designated Agency Contact (Name, Ti	itle)		1		
City Administrator					
Area Code/Phone Number E-mail			. Amendment (Must p	rovide explanation in Part 3.)	
	dreth@oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			A CONTRACTOR OF THE CONTRACTOR		
Does the agency have a ticket policy	? Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	27500	
Event Description Raiders		Date(s) 10	, 16 , 16		
Provide	Title/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by agence	y? Yes⊠ No	☐ If no:	Name of Sou		
Was ticket distribution made at the be	7 MAC TO 10 CO 10			ırce	
of agency official?	hest No ☐ Yes	☑ If yes: Sabrir	na Landreth Official's Name (L	and First	
3. Recipients			Official's (Vallie (L	ast, Fifst)	
Necrpients Use Section A to identify the agency's departer.	ment or unit a Use Sec	ction B to identify an Individu	al allas Carda Carda		
	A Name of Agency Department or Unit Number of				
- Name of Agency, Department of Office	Ticket(s)/ Pass(es)	Describe the publ	blic purpose made pursuant to the agency's policy		
			The state of the s		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	101	
(Lust, Frist)	Pass(es)		identity one of the following	ig.	
Gonzalez, Juan		Ceremonial Role	Other I	Income	
	2			nat provide services to	
		the Authority	o to oity employees ti	iai provide services to	
		Ceremonial Role	Other 🗌	Income [
	2	If checking "Ceremonia	Role" or "Olher" describe below:		
	-				
	Number of				
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public	ic purpose made pursuant to the agency's policy		
Board Control of the	rass(es)				
Voultiontion					
. Verification I have read and understand FPPC Regulations 1894	4 1 and 18942 I have you	fied that the distribution as it	h ahawa la la ana		
Negatatoris 1034				the requirements.	
Signature of Agency Head or Designee	Sabrina Lan	areth	City Administrator	10/20/16	
Security and American	riii yame		Tille	(Month, Day, Year)	
Comment:					

ency Report of: remonial Role Event Sgency Name				Dale Stamp	California 802
Dakland-Alameda County C	oliseum Authoi	īty			For Official Use Only
Dakland-Alameda dediny Division, Department, or Regi	on (If Applicable)				
MARKET PROPERTY AND THE	. Administrator	Alameda Cou	nty		
Susan S. Muranishi, County	Administrator,	/ Heart		1	
Designated Agency Contact	IVAILE, TILLY			F-7 4	provide explanation in Part 9.)
		<u> </u>		j	į,
Area Code/Phone Number	E-mail	istrator@acgo\	votā	Date of Original Filing	
510-272-3862		Stinto, 2008-			27500
Function or Event Info	rmation	107 N	Face Value	of Each Ticket/Pass \$	010
Does the agency have a tick	et policy?	Yes 🛛 No 🗌			1
Event Description Oakland	Raiders - 2016	dates anachei	Date(s)		
	Provide Title/Expl		lfner	Name of	
Ticket(s)/Pass(es) provided	by agency?	Yes⊠ No□	11 110,	Name of	2 ∆ fff ch
		No⊠ Yes□	If yes:	Official's Man	ge (Last, First)
Was ticket distribution made of agency official?	At his postors	140 (23 :		C. Heart a track	
Ot agency emoter.	ALCOHOL: NAME OF THE OWNER,				nedlasinamanida omanization.
Recipients Line Section A to Identify the age	neu's dapartment or	unit. + Use Secti	on B to identify an indiv	ndual. * Uso Section C to I	GORGIY &I DELINION AND
Use Section A to Identity and age.		Humber of Ticket(a)	Describe the p	mpile barboze waqe brie	ant to the agency's policy
A. Name of Agency, Depart	ment or unit	Pass(ps)		<u> </u>	
					<u>, , , , , , , , , , , , , , , , , , , </u>
<u> </u>					
		11			
Name of Indiv	idua!	Number of		Identify one of the fo	llowing:
Rame of High	нин	Pass(GS)		ala 🗍 Other 🗵	· Income
		1	Opremental R	- Combar of Charles and Charles in	ealow:
Muranishi, Susan S.		2/date			LANGUAGE OF THE VALUED
			sporting and of	ner events that occur	CAL OTO TO
			Occupació E	onla Other	i ethodii
			# chacking "Ce	rumaniai Role" or "Other" describe	hekxv!
•					
	- Installan	Number of	Describe th	e onego britose mega br	reusof to the agency's policy
C. Name of Outside C	q qəscijbijatı) Müsumanını	Ticket(≤)/ Pase(se)			
Illa tama manaza	<u> </u>				
1				·	
-					
				The state of the s	Windows Downson
4. Verification I have read and understand EPPO		annan Iberen	verified that the distributi	on set forth above, is in accord	dence with the requirements.
have read and understand FPP	C Regulations 18944.	1 and 18942, I have	A unadahi	County Admini	strator 829/1
I Dittag (Alle - 111			AN APPRICATION OF		William Day Vot
Signature of Agency Head or I	andriba	Susan S. N	MALERINA	Tiga	(Bount bay to

Raiders Football

October 2016

Susan Muranishi

Raiders v San Diego

October 9, 2016

(2) tickets

Raiders v Kansas City

October 16, 2016

(2) tickets

A _i	gency Report of: eremonial Role Even	ts and Ticl	cet/Pass D	istributions		A Public Document
	Agency Name Oakland Alameda County C Division, Department, or Reg Scott Haggerly, OACCA Co Designated Agency Contact	oliseum Autho ion (<i>II Applicab!a)</i> mmissioner	ority		Date Stamp	For Official Use Only
	Area Code/Phone Number	E-mail			Date of Original Filing:	
2.	Function or Event Infor Does the agency have a ticke Event Description Ticket(s)/Pass(es) provided b Was ticket distribution made of agency official?	mation et policy? UVS Provide Tille/Expl by agency?	Yes⊠ No□ anation Yes⊠ No□ No□ Yes⊠	Face Value of Date(s)	Name of So	275-
3.	Recipients • Use Section A to Identify the agency A. Name of Agency, Departm		Number of Ticke ((s)/ Pass(os)	on B to identify on Individ Doscribe the put	ual. • Use Section C to iden bile purpose made pursuan	itify an outside organization. It to the agency's policy
	B. Name of Individual flow, then	ıəl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	Tom Silve	Ì	2	ovent in ord	attendance at a corder to maximize pote concession and pa	ential county rking sales
				Caremonial Roje II chacking "Caremo	Other Other Role or Other describe below	Incomo 🗌
	C. Name of Outside Orga (include address and di	mizetion escription)	Number of Tickel(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy
4 (Verification There lead and underland FPPC Re. Synature of Reader Header being Comment:		nd 18942. I hove ver Tee Ann Ferg Print Merra	gerson	Supervisors Assista	(Mar), Day, (en)
					FPPC Toll-Free Helplind	: BG6/ASK-FPPC (BG6/275-7772)

Agency Report of: Ceremonial Role Events and T	icket/Pass Dist	tributions		A Public Document	
Agency Name Oakland Alameda County Colliseum A	uthority		Date Stamp	Form 802 For Official Use Only	
Division, Department, or Region (II Applic	cable)				
Scott Haggerly, OACCA Commissione	er		-		
Designated Agency Contact (Name, Title)					
			Amendment (Must)	provide explanation in Part 3.)	
Area Code/Phone Number E-mail	ergerson@acgov.org	Í.	Date of Original Filing:	(Month, Day, Year)	
010.212.000	ergorsone	per-Colonial Construction	do and	275,00	
Function or Event Information Does the agency have a ticket policy?	Yes⊠ No□	Face Value	of Each Ticket/Pass \$.	· · · · · · · · · · · · · · · · · · ·	
LARARARAN	Raiders	Date(s)	0,16,14		
Event Description Provide Till	e/Explanation	CK	54)		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🗆	If no:	Name of 8	Source	
Was ticket distribution made at the beho of agency official?		If yes: Hag	gerly, Scott Official's Name	o (Lost, First)	
3. Recipients • Use Section A to Identify the agency's department	ent or unit. • Use Section	B (a identify an indivi	ldust. = Use Section C to ide	entify an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(os)	Describe the p	nolic purposo made purade		
B. Name of Individual டிவ, Eng	Number of Ticket(s)/ Pass(e8)	Garamanial Rol II chosking "Garai	Identify one of the foli	Incomo [
C. Name of Outside Organization (include address and description)	+ 2	event in or	e attendance at a co der to maximize pot or concession and pa	ential county	
	Number of Ticket(s)/ Pass(cs)	Describe the	e the public purpose made pursuant to the agency's policy		
			and discourage of 3 (2004) Collaboration consequences 2014 years bear	The second section of the second section of the second section of the second section s	
4. Verification There read and understand FPPC Regulations 18	944.1 and 18942.1 have veri Lee Ann Ferg	lied (hat the distribution Jerson	Supervisors Assic	stant 10/14/16	
Signature of Agency Heed of Designae	Prial Name		Fills:	(Month, Dhy, Year)	
Comment:			was a way was a black	FPPG Form 802 (4/	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: Ireid@oakland.net (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149.50 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Sia Concert 10 01 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No No Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Reid, Larry If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various Sporting and other events that occur at Coliseum Complex Income __ Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 10.3.16 **OACCA Chair** Larry Reid (month, day, year) Print Name Title Signature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 149.50 Does the agency have a ticket policy? Date(s) 10 / 01 / Event Description: Sia Concert Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If yes: _ Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit **Passes** Number Identify one of the following: Name of Individual of Ticket(s)/ Passes В. (Last, First) Other X Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate the efficiencies of operations of various 2 sporting and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Geremonial Role" or "Other" describe below. Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 10.3.16 OACCA Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form For Official Use Only Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) City Administrator Area Code/Phone Number Date of Original Filing: _ (Month, Day, Year) SLandreth@oaklandnet.com (510) 238-6840 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Date(s) -Event Description Sia Provide Title/Explanation Name of Source Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If yes: Sabrina Landreth Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) of agency official? • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 3. Recipients

Identify one of the following: Ceremonial Role
Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to the Authority Ceremonial Role Other Income Inco
Ceremonial Role Other Corporation of the Role of "Other" describe below: To provide incentives to City employees that provide services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role
The surrocce made pursuant to the agency's policy
Describe the public purpose made purpose
this continuously the requirements.
e verified that the distribution set forth above, is in accordance with the requirements. Landreth City Administrator (Month, Day, Year)
Landretti Title (Month, Day, Year)
FPPC Form 802 (4/ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-77
֡

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C				_	For Official Use Only
	Division, Department, or Regi	on (If Applicabl				
	Barbara J. Parker, City Attor					
	Designated Agency Contact (Name, Litle)				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-3815	No. Accessor	aklandcityatto	rnev.ora	Date of Original Filing: _	(Month. Day. Year)
0	Function or Event Infor		and racing and	,		
۷.	Does the agency have a ticke		Yes ☐ No [☐ Face Value	of Each Ticket/Pass \$	149.50
		t policy:	ies 🗆 Not		10 , 1 , 16	
	Event Description Sia	Provide Title/Exp	planation	Date(s)	10 1 10	
	Ticket(s)/Pass(es) provided by		Yes ☐ No[☐ If no:	Name of Sou	ırce
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes [If yes:	Official's Name (L	.ast, First)
3.	Recipients			M. D. L. Martific on Indivi	idual a Usa Saction C to ident	rify an outside organization.
	Use Section A to identify the agence	y's department o				
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the p	ublic purpose made pursuant	to the agency's policy
	300 (Suprison)					75.11.4
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)	Pass(es)	Later in the second			
	Barbara J. Parker			Ceremonial Role If checking "Cerem	e Other 🗵 nonial Role" or "Other" describe helow	Income
	Daibaia J. Faikei	2	To investigate the	efficiencies of the operations of the various revents that occur at Coliseum Complex		
			Ceremonial Role	and the second s	Income	
	C. Name of Outside Organization (include address and description)		2	If checking "Ceren		
			Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursuant to the agency's policy	
4.	Verification I have read and understand FPPC Regu	ulations 18044 1 a	nd 18942 have ve	erified that the distribution s	et forth above, is in accordance wi	ith the requirements
	I nave read and understand FPPC Regu	naliuns 10344.1 d				
	Carl the		Barbara J. I		ity Attorney/OAACA Off	(Month, Day, Year)
	Signature of Agency Head or Designed	5	rum Nam		*******	- 1
	Comment:					
						EPPC Form 802 (4/12

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) Ireid@oakland.net 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 385.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Dixie Chicks Concert 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No No If yes: . Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Other X Ceremonial Role Reid, Larry If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of various Sporting 2 and other events that occur at Coliseum Complex Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. OACCA Chair 10.3.16 Larry Reid (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

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1.	. Agency Name		100000000000000000000000000000000000000		Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Aut		Form 002				
	Division, Department, or Regi	on (If Applicab		For Official Use Only				
	Barbara J. Parker, City Attor	nev/OAACA						
	Designated Agency Contact (
	Area Code/Phone Number	E-mail		rovide explanation in Part 3.)				
	(510) 238-3815	bparker@o	aklandcityatt	orney.org	Date of Original Filing:	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Inform	nation		00.50				
	Does the agency have a ticket	t policy?	ie of Each Ticket/Pass \$ _	of Each Ticket/Pass \$89.50				
	Event Description Dixie Chick	KS	10 , 7 , 16					
	Evolit booonprion	Provide Title/Exp	olanation					
	Ticket(s)/Pass(es) provided by	agency?	Name of So	Name of Source				
	Was ticket distribution made at the behest No ☐ Yes ☐							
	of agency official?	NO 🔲 res	☐ If yes:Official's Name (Last, First)					
3.	Recipients							
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.							
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the	ıblic purpose made pursuant to the agency's policy				
	Name of the original and the second s							
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	Identify one of the following:			
	(Last, First)		Pass(es)					
	Barbara J. Parker		Ceremonial Ro	ole Other X emonial Role" or "Other" describe below	Income			
	Barbara 6. Farner	2	To investigate the efficiencies of the operations of the various					
					er events that occur at C			
	(Casalina Casalina Ca			Ceremonial Ro		Income		
			2	If checking *Cere	emonial Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the	nublic nurnosa mada nursuant	olic purpose made pursuant to the agency's policy		
			Pass(es)	Describe the	Describe the public purpose made pursuant to the agency's policy			
	Opening the second seco							
	Verification I have read and understand FPPC Regula	ations 18044 1 an	sel fodh above, is in accordance with	h the requirements				
	Have read and understand FFF & Regula	mons 10399.1 dill						
	Signature of Agency Head or Designee	Barbara J. I		City Attorney/OAACA Offi				
	agriculty of Agency riedd of Designee		r uu ryam	M	Tille	(Month. Day, Year)		
	Comment:							
						EDDC C 000 /4/400		

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: -(month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 385.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) 10 / 07 / Event Description: Dixie Chicks Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If yes: _ Was ticket distribution made at the behest Yes \square No \square Official's Name (Last, First) of agency official? • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Recipients Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Income Other 🗵 Ceremonial Role If checking "Geremonial Role" or "Other" describe below: Dobbins, Chris to investigate the efficiencies of operations of various 2 sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below. Describe the public purpose made pursuant to the agency's policy Number Name of Outside Organization of Ticket(s) (include address and description) Passes I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 4. Verification with the requirements. 10.3.16 OACCA Commissioner Chris Dobbins (month, day, year) Title Print Name Signature of Agency Head of Designee

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filling: -(month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 136.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Golden Stae Music Fest Date(s) _____/__ 14 Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? If no: , Yes □ No □ Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes. Number Identify one of the following: of Ticket(s)/ Name of Individual В. (Lest, First) Passes Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate the efficiencies of operations of various 2 sporting and other events that occur at Coliseum Complex Income [Other \square Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes 4. Verification I pave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 10,3,16 **OACCA** Commissioner Chris Dobbins (month, day, year) Title Print Name Signature of Agency Head or Designee

Agency Re	port of:	s and Ticket/Pas	ss Distr	ibu	tions		A Public D	ocument
		S alla Hokosi sa				Date Stamp	Californ Form	ia 802
1. Agency N	ame ameda County Co	oliseum Authority					A STATE OF THE PARTY OF THE PAR	cial Use Only
Division De	epartment, or Regi	on (if applicable)						
	, OACCA Chair							
Designated	Agency Contact (Name, Title)						
						☐ Amendment (M	ust Provide Explanat	on in Part 3.)
Area Codel	Phone Number	E-mail				Date of Original Fili	ing:	(year)
510.383.4	801	Ireid@oakland.net					(monar, da)	, year)
2. Function	or Event Infor	mation		F	a Valua of	Each Ticket/Pass	\$ 136.50	
Does the	agency have a tic		No □				,	
Event Des	scription: Golden	State Music Fest Provide Title/ Explana				<u>, 14 , 16 </u>	0	
			No □	If n	o:	Name of Source		
Ticket(s)/f	Pass(es) provided	n by agency: Tes L	INOL					
Was ticke	t distribution mad	e at the behest Yes] No [If y	es:	Official's Name (Last,	First)	
	cy official?							
							2000	testion
3. Recipi	ents	ency's department or unit.	Use Section E	to ide	entify an indiv	idual. • Use Section C to	o identify an outsid	e organization.
• Use Secti			Number of Ticket(1	Describe	the public purpose ma	de pursuant to the	agency's policy
A.	Name of Agency, De	partment or Unit	Passes					
				_				
			Numbe	r			of the following:	
В.	Name of I	ndividual	of Ticket	(s)/		Identity one	of the following.	
	(Last,	First)	1 2300	_	Ce	Telliothal Freiz	Other 🗵	Income
Reid, L	.arry		2		If C	hecking "Ceremonial Role" or '	uneralions of	various Sporting
					and other	events that occur	at Collseum o	omplex Income
					Ce	eremonial Role hecking "Ceremonial Role" or	Other "Other" describe below:	
					li di	hecking Ceremonial No.6 6		
		Sec. of Sec. of Sec.						
-	Name of Outsid	le Organization	Numb of Ticke		Describ	e the public purpose m	nade pursuant to t	ne agency's policy
C.	(include address	and description)	Pass	es				
-								
			+					
4. Verific	ation	d FPPC Regulations 189	44.1 and 1	8942	. I have veri	fied that the distribut	ion set forth abo	ve, is in accordance
I have r	ead and understand requirements.	d FPPC Regulations 109	77.7 0.70					
with the	Allust	Jul 1	_arry Reid	l		OACCA C	hair	10.3.16 (month, day, year)
Rinna	ture of Agency Head or D	NAC	Print Name			Title		(monay ==)/
Siglia								
Comm	nent: /							

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (Month, Day, Year) bparker@oaklandcityattorney.org (510) 238-3815 2. Function or Event Information Face Value of Each Ticket/Pass \$ ___ Yes ☐ No ☐ Does the agency have a ticket policy? Event Description Golden State Music Fest Date(s) Provide Title/Explanation Yes ☐ No ☐ Ticket(s)/Pass(es) provided by agency? Name of Source No ☐ Yes ☐ Was ticket distribution made at the behest If yes: __ Official's Name (Last, First) of agency official? • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Identify one of the following: Name of Individual Ticket(s)/ В. Pass(es) Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below To investigate the efficiencies of the operations of the various Barbara J. Parker 2 sporting and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Ceremonial Role" or Other describe below. 2 Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Outside Organization C. (include address and description) Pass(es) I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 4. Verification 10/18/2016 City Attorney/OAACA Official Barbara J. Parker (Month Day Year) Print Name Signafure of Agency Head or Designee

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp Form 1. Agency Name For Official Use Only Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) City Administrator E-mail Area Code/Phone Number Date of Original Filing: (Month, Day, Year) SLandreth@oaklandnet.com (510) 238-6840 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description WWE Provide Title/Explanation Yes 🛛 No 🗌 Name of Source Ticket(s)/Pass(es) provided by agency? If yes: Sabrina Landreth Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) of agency official? • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es) Identify one of the following: Number of Name of Individual Ticket(s)/ B. Pass(es) Other _ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to Unable to Use 2 the Authority Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Outside Organization C. (include address and description) Pass(es)

		danca with th	ne requirements.
Perification Nave read and understand FPPC Regulations 18 Signature of Agency Head or Designee	944.1 and 18942. I have verified that the distribution Sabrina Landreth Print Name	ution set forth above, is in accordance with the City Administrator Title	(Month, Day, Year)
			FPPC Form 802 (4/12)

1.	Agency Name	Date Stamp California 802						
	Oakland-Alameda County C		For Official Use O	nly				
	Division, Department, or Regi							
	Barbara J. Parker, City Attor							
	Designated Agency Contact (
			Amendment (Must provide explanation in Part 3.)					
	Area Code/Phone Number	E-mail			5.)			
	(510) 238-3815	bparker@oa	aklandcityattorr	ney.org	Date of Original Filing: _	(Month, Day, Year)	0.1	
2.	2. Function or Event Information							
	Does the agency have a ticke		of Each Ticket/Pass \$		9.75			
	Event Description WWE Raw	10 , 16	1 1					
	Event Description	Provide Title/Exp		,				
	Ticket(s)/Pass(es) provided by	Name of Source						
	Was ticket distribution made a of agency official?	it the behest	If yes:	Official's Name (L	ast, First)			
3.	Recipients							
	Use Section A to identify the agency	y's department o	runit. • Use Sectio	on B to identify an individ	ual. • Use Section C to identi	ify an outside organization	on.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	escribe the public purpose made pursuant to the agency's policy				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:			
	[EUV, 1997		Pass(es)	Ceremonial Role	Other 🛛	Inc	ome [
	Barbara J. Parker		_		nial Role" or "Other" describe below			
		2	To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex					
			2	Ceremonial Role If checking "Ceremon	Other Incommial Role" or "Other" describe below			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	iblic purpose made pursuant to the agency's policy			
4.	Verification							
	I have read and understand FPPC Regul	lations 18944.1 an	nd 18942. I have verifi	ied that the distribution set t	forth above, is in accordance with	h the requirements.		
	Marken Start	Barbara J. Pa	arker City	y Attorney/OAACA Offic				
	Signature of Agency Head or Designee		Print Name		Title	(Month. Day,	Year)	
	Commont							
	Comment:							

Agen	cy Report of:	Ticket/Da	ee Dietrik	utions		A Public D	
	cy Report of. monial Role Event	s and Tickeupa	135 DISTITIO	dione	Date Stamp	Californ	ia 802
i. Age	ency Name	licoum Authority					cial Use Only
Oal	klandAlameda County Co sion, Department, or Regi	on (if applicable)				For Office	nai Ose Only
	ry Reid, OACCA Chair	, (ii -					
Lar	ignated Agency Contact (
Des	ignated rigono,				Amendment (M	fust Provide Explanation	on in Part 3.)
Are	a Code/Phone Number	E-mail			Date of Original Fil	ling:	
	0.383.4801	Ireid@oakland.net			Date of Original Fit	ling:(month, day,	year)
2. Fu	nction or Event Infor	mation	Each Ticket/Pass	s 99.75	<u> </u>		
Do	Page the agency have a ticket policy? Yes 🗵 No 🗍 Face Valu						
	ent Description: WWE R	<u>, 10 , 16</u>					
		no:					
Tic	ket(s)/Pass(es) provided		Name of Source				
1/1/					Official's Name (Last,	, First)	
	f agency official?						
	A TOTAL POST OF THE PARTY OF TH						
3.	Recipients Use Section A to identify the age	ncy's department or unit.	identify an indiv	idual. • Use Section C t	o identify an outside	organization.	
-		Number of Ticket(s)/	Number Number public purpose made pursuant to the a			agency's policy	
	A. Name of Agency, Dep	Passes					
-							
				1			
		Number		Identify one of the following:			
	B. Name of In	of Ticket(s)/ Passes		Identify one	of the following.		
	CLast, I	1,000	Communial Role Other X		Other 🗵	Income	
	Reid, Larry		to investige and other		checking "Ceremonial Role" or "Other" describe below: gate efficiencies of operations of various Sporting r events that occur at Coliseum Complex		
54				Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe be		Other	Income
			116	medang Ceremonal riche at			
					the the expert		
	Name of Outside	0. 1		e the public purpose made pursuant to the agency's po		agency's policy	
	C. (include address and description)		Passes				
_	10 - 11						
4.	Verification	FPPC Regulations 189	044.1 and 1894	2. I have verif	ied that the distributi	ion set forth abov	e, is in accordance
	Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verification with the requirements						10.3.16
	Day of Dell La				OACCA CI	nair .	(month, day, year)
	Signature of Algency Head or Designee Print Name			The second section of the second section is a second section of the section of	Ma		waters the trace specified \$200,000 to \$50
	/ / /						
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: chrisdobbinslaw@yahoo.com 510,383,4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99.75 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: WWE 10 10 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Α. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Income ... Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes 4. Verification

have read and understand FPPC Regulations 18944.1 and 18942. I	I have verified that the distribution set forth above, is in accordance
vith The requirements.	
V 1	

l have read and understand FPPC Regul with the requirements.	ations 18944.1 and 16942.Thav	e vermed that the distribution set form di	, 15 III LOGGI GUITGO
	Chris Dobbins	OACCA Commissioner	10.3.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

-						0.00		
1.	Agency Name		Date Stamp	California 802				
	Oakland Alameda County C					For Official Use Only		
	Division, Department, or Regi	on (If Applicable	9)			, 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
	Sabrina B. Landreth							
	Designated Agency Contact (Name, Title)						
	City Administrator				Amendment (Must)	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	- 65 May 12 1967		Date of Original Filing:	·		
	(510) 238-6840		Doaklandnet.c	com	Date of Original Filling.	(Month, Day, Year)		
2.	Function or Event Inform	mation				1260		
	Does the agency have a ticke	t policy?	Yes⊠ No[Face Value of	of Each Ticket/Pass \$ _	100		
	Event Description Maroon 5			Date(s)10) 16 16			
	Event Description	Provide Title/Exp	olanation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[☐ If no:	Name of S	ource		
		tibe bebeet			ina Landreth			
	Was ticket distribution made a of agency official?	at the benest	No ☐ Yes [XI If yes:	Official's Name	(Last, First)		
_								
3.	Recipients • Use Section A to identify the agence	v's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
		Name of Agency, Department or Unit Number of Ticket(s)/ Describe the				ublic purpose made pursuant to the agency's policy		
	West Control of the C		Pass(es)					
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow			
				Ceremonial Role		Income		
	Unable to Use		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide s				
				the Authority				
				Ceremonial Role		Income		
			2	If checking "Ceremo	nial Role" or "Other" describe below	r.		
			Number of					
	C. Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy		
1	Verification							
-T.	I have read and understand FPPC Reg	ulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.		
			Sabrina La	ndreth	City Administrator	10/20/16		
	Signature of Agency Head or Designe	e -	Print Nan		Tille	(Monlh, Day, Year)		
	Commont:							

Agency Report of:

Ceremonial Role Events and Tit	:ket/Pass D	istributions		A Public Document
1. Agency Name	NEW YORK STREET, STREE	AND MATERIAL PROPERTY OF THE PARTY OF THE PA	Date Stamp	California 802
Oakland Alameda County Coliseum Auth				Form Supplies For Official Use Only
Division, Department, or Region (II Applicab)	8)			For Official Ose Only
Scott Haggerly, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
510.272.6691 leeann.ferge	erson@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		THE RESERVE OF THE PERSON NAMED IN COLUMN 1		126,00
Does the agency have a ticket policy?	Yes 🗵 No 🗌	Face Value of	of Each Ticket/Pass \$	126,00
Event Description May OON Provide Talle/Exp	5 Innation	Date(s)(0,16,16	
		If no:	(T)W	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□		Name of So	vrce
Was ticket distribution made at the behest	No ☐ Yes ☒	If yes: Hagg	erly, Scott	F. 0
of agency official?			Official's Name (L	losi, rusi)
 Recipients Use Section A to Identify the Agency's department or 	unit. » Use Sectio	n B (a identify an individu	ual. • Use Section C to ident	Uly an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(os) Describe the public purpose made pursus			to the agency's policy
B. Name of Individual	Number of Ticket(s)/		ldentify one of the followi	ng:
	Pass(os)	Ceremonial Role	Other	Incomo
Egmarrida Garcia		To promote att	endance at a county	y sponsored even 110 [
Egmaniaa Garcia	4		kimize potential cou parking sales	959.
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
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Manufal and Day of the Control of th		ena tadas (Administra plantes). Progrado mest Albertonia plantes em		y to CAS and the Company to the Case of th
. Verification The Verence and understand FPPC Regulations 16944.1 and	18942. I have verille	d that the distribution set fo	rdi above, is in nacordanse witi	h tho requirements.
Hellin & Xics	ee Ann Ferge	rson	Supervisors Assistant	10/14/16
Signaturo of Agency Hend of Dazignae	Punt Namu		file	(Month, Dny, Year)
Comment:				

lgency Report of: Ceremonial Role Event	s and Ticket/Pas	ss Distribu	utions		A Public Docu	ment
	o di la			Date Stamp	California Form	302
 Agency Name OaklandAlameda County Co 	liseum Authority				For Official Use	
Division, Department, or Regi	on (if applicable)					
Larry Reid, OACCA Chair	200 20 20 20 20 20 20 20 20 20 20 20 20					
Designated Agency Contact (Name, Title)					
				Amendment (Mus	st Provide Explanation in Pa	art 3.)
Area Code/Phone Number	E-mail			Date of Original Filin	ig:(month, day, year)	_
510.383.4801	Ireid@oakland.net				(monar, day, year)	
2. Function or Event Infor		Ea	ce Value of	Each Ticket/Pass \$	126.00	
Does the agency have a tick		No□ Fa	Ce value of	16 16		
Event Description: Maroon	5 Provide Title/ Explana			<u>, 16 , 16</u>		
Ticket(s)/Pass(es) provided] No∏ Ift	no:	Name of Source		
Was ticket distribution mad	e at the behest Yes F		yes:			
of agency official?		-		30.00		
			A STATE OF THE STA			
3. Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to ic	lentify an indiv	ridual. • Use Section C to	identify an outside organ	ization.
· · · · · · · · · · · · · · · · · · ·		Number	Describe	the public purpose made	e pursuant to the agenc	y's policy
A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe	the passes part		
Name of In	dividual	Number of Ticket(s)/		Identify one of	f the following:	
B. Name of the		Passes		П	her X	Income
Poid Larn/				101110111111111111111111111111111111111	or a transfer balance	
Reid, Larry		2	to invection	thecking "Ceremonial Role" or "Ol gate efficiencies of o events that occur a	perations of variou	s sporting
				eremonial Role O	ther	Income
			Ce If a	eremonial Role 🔲 Of checking "Ceremonial Role" or "O	Other" describe below:	
			155-74	60 Am 30 C C C C C C C C C C C C C C C C C C		
		Number			de aurought to the agen	cy's policy
Name of Outside	Organization	of Ticket(s)/	Describ	e the public purpose ma	de pursuant to the agen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(include address a	and description,	Pases	1			
	1					
4. Verification I have read and understand	FPPC Regulations 1894	44.1 and 18942	. I have verif	fied that the distribution	n set forth above, is i	n accordan
with the requirements.	1					
Daniel V	.// I	arry Reid		OACCA Cha	an	10.3.16 onth, day, year,
Signature of Agency Head or Do	esignee	Print Name		Title	(mc	
Comment:						

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp 1. Agency Name Oakland Alameda County Colisium Authority For Official Use Only Division, Department, or Region (If Applicable) Yul Hay Lee, Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explenation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: (Month, Day, Year) YuiHay@YHLA.net (510) 836-6688 2. Function or Event Information Face Value of Each Ticket/Pass \$ Yes No U Does the agency have a ticket policy? Event Description Provide Title/Explanation Yes M No Name of Source Ticket(s)/Pass(es) provided by agency? Yui Hay Lee Was ticket distribution made at the behest No ☐ Yes 🖾 Official's Name (Last, First) of agency official? Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to Identify an outside organization. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Tickellel Pass(es) 2 Number of Identify one of the following: Ticket(e)/ Pass(es) Name of Individual B. Income [Other [Ceremonial Role If checking "Geremonial Role" or "Other" describe below: Income [Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number of Name of Outside Organization Ticket(s) (include address and description) Pass(es) bad and uniterstand FEG Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements Verification Ihava Yui Hay Lee Tille Print Name Head or Designoo

ommeåt:

1.	Agency Name	alicaum Authoritu	Annual years and the Wilder II to be a second		Date Stamp	California 802
	OaklandAlameda County Control Division, Department, or Reg				1	For Official Use Only
	Christopher Dobbins, OACO					
	Designated Agency Contact				-	
	Designated Agency Contact	reame, racy				
	Area Code/Phone Number	E-mail			Amendment (Mus	st Provide Explanation in Part 3.)
			wahaa aam		Date of Original Filing	g:
Marie Co.	510.383.4801	chrisdobbinslaw@	yanoo,com	de la maiorita Caracida de la composição d		(month, day, year)
2.	Function or Event Infor	mation		100.00		
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$	120.00
	Event Description: Maroon	5	<u>, 16 , 16 </u>	1 1		
	Evolte Bosonphism.	Provide Tille/ Expl				
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No □ If	no:	Name of Source	- Commence
	Was ticket distribution made	a at the heheet V	m v.m lf	yes:		
	of agency official?	e at the penest Yes	П моП "	, 00.	Official's Name (Last, Fin	st)
	or agency omoler:	LAD-49379A				
3.	Recipients	1.1	. IT . P II. Da. 1	100 10 10	I il allo Carta Carta	tandiform autolido ouganization
	Use Section A to identify the agent	icy's department or unit.	Number	аенату за пказун Т	idai, - Ose Section C to R	entity an outside organization.
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	ie public purpose made į	pursuant to the agency's policy
		Signatura et et et en	Passes		a jilka tayla ga kibuta arwe 1855 da da wa 1966 a a da a 1979.	elore tologie i na nastanima sessima mpiralije livijelorije i ne jal
					······	
			Number			
	B. Name of Ind (Last, Fir	하게 하시다 사람이 가장 하셨다. 함께 하는 것은 그 사고 있었다고 있는 사이 하시는 것같은 것 같다.	of Ticket(s)/ Passes		Identify one of th	ne following:
	But Can Obsta			Ceren	monial Role Other	tncome 🔲
	Dobbins, Chris		2	If chec.	king "Ceremonial Role" or "Other"	
			***			occur at Coliseum Complex
				Ceren	nonial Role 🔲 Other	Income 🗌
				If chec	king "Ceremonial Role" or "Other	" describe below:
	Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne public purpose made c	pursuant to the agency's policy
	(include address and	l description)	Passes			
v.1.1111111111111111111111111111111111						
4.	Verification					
	I pave read and understand FF	PPC Regulations 1894	4.1 and 18942.	l have verified	that the distribution se	t forth above, is in accordance
	with the requirements.					
			is Dobbins		OACCA Commission	
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
	Comment:					
	OOHBROIK					

1.	Agency Name				Date Stamp	California 802
	77					Form OUZ
	Oakland Alameda County Coliseum A Division, Department, or Region (If Applic Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number (510) 238-6840	ion (If Applicabl	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Amendment (Must pro	uido qualametico in Flori (1)
	· · · · · · · · · · · · · · · · · · ·		oaklandnet.	com	Date of Original Filing: _	(Month, Day, Year)
2.						12600
	A DELLEG CONTRACTOR SOLE EL SE SERVICIO		Yes 🗵 No		f Each Ticket/Pass \$	
	Event Description Amy Schul	mer Provide Title/Evr	lanation .	Date(s)10	, 20 , 16	
	T:-11/->/D/>	-				
	ricket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	lf no:	Name of Sour	се
		t the behest	na Landreth			
	of agency official?		No ☐ Yes		Official's Name (La	st, First)
3.	Recipients					
	• Use Section A to identify the agency	's department or	al. • Use Section C to Identif	y an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Describe the publ Pass(es)		lic purpose made pursuant t	o the agency's policy	
					*:	
		l	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Unable to Use			PERSONAL PROPERTY AND ADDRESS OF	Other all Role" or "Other" describe below:	Income 🔲
	chaple to eee		2	10.00	es to City employees th	at provide services to
				Ceremonial Role	Other	Income
			2	If checking "Ceremonia	al Role" or "Olher" describe below:	
ii j			Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
,	(morade address and desc		Pass(es)			
1.	Verification	MAGNASHIN SANSA AMARA				
	have read and understand FPPC Regula	tions 18944.1 and	i 18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements.
	8		Sabrina Lan	ndreth	City Administrator	19/70/16
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
2	Commont:					
- 1	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 126.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) 10 / 20 / Event Description: Amy Schumer Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Α. Passes Number identify one of the following: Name of Individual of Ticket(s)/ В. Passes (Last, First) Other 🗵 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate the efficiencies of operations of various 2 sporting and other events that occur at Coliseum Complex Income Other . Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 10.3.16 **OACCA Commissioner** Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

Comment: __

Agency Report of:

Ceremoniai Ro	le Even	ts and II	cket/Pass	s Distributions		A Public Documen
 Agency Name 					Data Stamp	California (8(0)2
Oakland Alameda	a County C	Coliseum Aut	hority			Form 1010/2
Division, Departme	ent, or Reg	ion (If Applicab	10)			For Official Use Only
Scott Haggerly, C	ACCA Co	mmissioner				
Designated Agency	y Contact (Name, Tille)			-	
Area Code/Phone I	Number	E-mail			Amundment (Must po	ovide explanation in Part 3.)
510.272.6691		leeann.ferg	erson@acgo	ov.org	Date of Original Filing; _	
2. Function or Eve	ent Inform	nation		and the state of t	The state of the s	(Month, Day, Year)
Does the agency ha			Yes 🗵 No	☐ Face Value of	of Each TickeVPass \$ _	26.00
Event Description	gruy	Solut Provide Tille/Exp	mer	Date(s) 10	A	
Ticket(s)/Pass(es) p	provided by	ACCOUNT ALL COMES TO SECURIOR	Yes⊠ No	☐ If no:	N'ame of Sou	
Was ticket distribution	on made a	the hebast	N. 🗆 v	☑ If yes: Hagg		re
of agency official?	on made p	tille beliest	No ☐ Yes	If yes: 11099	Official's Name (Lo	ost, First)
Recipients	PORCHOLOGNON	- Charles and a common of	water to specify the same to t	CONTRACTOR OF THE PARTY OF THE		The state of the s
	ly the agency	's department or	unit Use Sec	ction B to identify an Individu	al. a Use Section C to identif	y an outside organization.
A. Name of Agenc			Number of Ticket(s)/ Pass(es)		lic purposa made pursuant t	
Alameda County, I	District On	θ	,	to promote the Coli	seum Complex for the uses to maximize revenu	use by the general
B. Name	of Individual		Number of Ticket(s)/		Identify one of the following	
	lov, Fan		Pass(os)			y:
Stacey	dr	ase	2	event in orde	attendance at a count or to maximize potenti concession and parking	al county
				Ceremonial Role [If checking "Caramonia	Olher Discrete helow.	Income [
C. Name of Outs	side Organiz	ation lption)	Number of Tickel(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
-						
			1 1			
Verification	Madania Briss II. extende ou tro	Tall of Management (see	The same of the same of	SPERIOD SELECTION AND AND ADDRESS OF THE PARTY OF T	CTVCATA SAME AND THE COME TO SAME AND ADDRESS OF THE COME TO SAME ADDRESS OF THE COME TO SAME AND ADDRESS OF THE COME TO SAME ADDRESS OF T	company in a fact that I have been been been presented and the fact that the
	FPPC Regulati	ons 16944.1 and	18942. I have veri	ified that the distribution set for	th ahove, is in accordance with t	ho requirements.
	FPPC Regulati		18942. I have veri .ee Ann Ferg		th allove, is in accordance with to Supervisors Assistant	to requirements.
	4(1			jerson S		to requirements. LO - ZO - (C

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) Ireid@oakland.net 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 126.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) __10__/ Event Description: Amy Schumer 20 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: . Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. Passes (Last, First) Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Reid, Larry to investigate efficiencies of operations of various Sporting 2 and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 10.3.16 **OACCA Chair** Larry Reid (month, day, year) Title Print Name Signalure of Agency Head or Designer

Comment/

I. Agency Name			Date Stamp	California 802		
Oakland-Alameda County Coliseum Auth	nority			Form For Official Use Only		
Division, Department, or Region (If Applicable				Tot onisis out any		
Barbara J. Parker, City Attorney/OAACA	Official					
Designated Agency Contact (Name, Title)			-			
				La de de la Ded 21		
Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)		
	aklandcityattorr	ney.org	Date of Original Filing: .	(Month. Day, Year)		
2. Function or Event Information				168.00		
Does the agency have a ticket policy?	Yes ☐ No ☐	Face Value o	of Each Ticket/Pass \$	108.00		
		Date(s) 10) , 22 , 16			
Event Description	Event Description Kanye West Date(s) 10					
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🗀	If no:	Name of So	urce		
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐] If yes:	Official's Name (I	Last, First)		
3. Recipients				us - stalds assessables		
Use Section A to identify the agency's department or						
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy		
	Number of	- AND PROPERTY OF THE PARTY OF				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	7 835(03)			Income [
Barbara J. Parker	2	If checking "Ceremonial Rate" or "Other" describe below. To investigate the efficiencies of the operations		u falos continue		
TICKETS not USED	2	To investigate the	efficiencies of the ope events that occur at C	rations of the various		
770101		Ceremonial Role	<u> </u>	Income 🔲		
			mial Role" or Other describe below			
	2					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy		
(include address and description)	Pass(es)					
*						
	-					
 Verification Thave read and understand FPPC Regulations 18944.1 a 	nd 18942 I have veri	fied that the distribution set	forth above, is in accordance w	ith the requirements.		
9 a 1 (1) D	Barbara J. P		ty Attorney/OAACA Of			
Signature of Agency Head or Designer	Barbara J. P	arner Or	Tille	(Month. Day, Year)		
Signatura (ii Agents) i laad di Dasignes						
Comment:		water the second se		FPPC Form 802 (4/12)		

4	A				F	C-lifi	
١.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C			For Official Use Only			
	Division, Department, or Regi	on (If Applicable		, s. sinsia esa cinj			
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)	
	(510) 238-6840	SLandreth@	Date of Original Filing: .	(Month, Day, Year)			
2.	Function or Event Inform	nation					
	Does the agency have a ticket		Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$	16800	
		75	100 [2] 110				
	Event Description Kanye We	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	2 agency2	Yes⊠ No[□ If no:			
	Ticket(s)/i ass(cs) provided by	agency:	res 🔼 No [Name of So	urce	
	Was ticket distribution made a	t the behest	No ☐ Yes [☑ If yes: Sabri	na Landreth		
	of agency official?				Official's Name (L	Last, First)	
3.	Recipients						
9	Use Section A to identify the agency	's department or		tion B to identify an Individu	ual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
9			Pass(es)				
1				- CANONICO MARIO M			
9	R Name of Individua		Number of		Identify one of the follow		
	B. Name of Individua	ı	Ticket(s)/ Pass(es)	ing:			
2	200 10 1 DAY 10			Ceremonial Role		Income	
	Fields, Delmus		2)	If checking "Ceremonial Role" or "Other" describe below: rovide incentives to City employees that provide services t		
				the Authority	es to City employees	that provide services to	
				Ceremonial Role	Other	Income	
			1		alal Role" or "Olher" describe below:	mediae _	
			2				
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
	(include address and des	cription)	Pass(es)				
	Verification						
1	I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have vei	rified that the distribution set f	orth above, is in accordance wi	th the requirements.	
			Sabrina Lar	ndreth	City Administrator	10/20/16	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Comment:						

~,	of Office Indian Contract						
1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Auth	ority			Form For Official Use Only	
	Division, Department, or Regi	ion (If Applicable	9)			, , , , , , , , , , , , , , , , , , , ,	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator				Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:		
	(510) 238-6840		oaklandnet.c	com	Date of Original Filling.	(Month, Day, Year)	
2.	Function or Event Infor	mation			8 2	16800	
	Does the agency have a ticke	t policy?	Yes⊠ No[of Each Ticket/Pass \$ _	100	
	Event Description Kanye We	st		Date(s)10	23 , 16		
	Event besomption	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No [☐ If no:	Name of Sc	ource	
	M. C. L. I. P. J. W. W	. I II-a hahaat		⊠ If yes: Sabri			
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes I	If yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	itify an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant						
			Pass(es)				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Bigbee, Michael			Ceremonial Role	Other Inial Role" or "Other" describe below:	Income	
	bigbee, Michael		2			that provide services to	
				the Authority			
				Ceremonial Role	Other	Income	
			2	If checking "Ceremon	nial Role" or "Other" describe below:		
			1 1				
		DAMONINOS DE 1	Number of				
	C. Name of Outside Organ (include address and de-		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
			7 230(00)				
			-				
_							
4.	Verification I have read and understand FPPC Regulation	ulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.	
	Thave read and understand FFF O Negr		Sabrina La		City Administrator	10/20/16	
	Signature of Agency Head or Designe	θ	Sabrina La Print Nan		Title	(Month, Day, Year)	
	organization of Agency Frederick Designer		200000000000000000000000000000000000000				
	Comment:						

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1.	Agency Name				Date Stamp	California OOO
	OaklandAlameda County C	oliseum Authority	,			Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Larry Reid, OACCA Chair					
	Designated Agency Contact	(Name, Title)			1	
					Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	lreid@oakland.	net		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy?	′es⊠ No□	Face Value of	Each Ticket/Pass \$ 1	68.00
	Event Description: Kanye W				<u>, 22 , 16</u>	10 , 23 , 16
	Event Description.	Provide Title/ L	Explanation	Date(s)		10 20 10
	Ticket(s)/Pass(es) provided	by agency? Y	′es □ No □	If no:	Name of Source	
	Was ticket distribution made	at the behest a	/	If yes:		
	of agency official?	e at the benest y	'es∐ No∐	11 ycs	Official's Name (Last, First)	
	or agency official.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or un		to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s Passes)/ Describe th	e public purpose made pu	rsuant to the agency's policy
	-					
	B. Name of Indi		Number of Ticket(s)/	Identify one of the	following:
	The state of the s	51)	Passes		nonial Role Other	X Income □
	Reid, Larry		2per	If check	king "Ceremonial Role" or "Other" d	
				and other ev	ents that occur at Co	liseum Complex
				The state of the s	nonial Role Other C	
			day	II Check	king Ceremoniai Role of Other di	escribe below.
			Number			
	C. Name of Outside O		of Ticket(s)	/ Describe th	e public purpose made pu	rsuant to the agency's policy
			1,45505			
4.	Verification		Access to the second			
	I have read and understand FP with the requirements.	PC Regulations 18	944.1 and 1894	2. I have verified t	that the distribution set t	forth above, is in accordance
	with the requirements.	2//			04004.6:	
	Signature of Agency Head or Design	ee	Larry Reid Print Name		OACCA Chair	10.3.16 (month, day, year)
	Signato of agolog place of Dosign		, min manny		1,40	(month, day, year)
	Comment:/					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Kanye West 10 22 / 10 23 16 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: day Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins OACCA Commissioner Signature of Alenby Head or Designee Print Name Title (month, day, year) FPPC Form 802 (2/2016)

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and the same					5.1.5	0-11-1-0-0
1.	Agency Name				Date Slamp	California 802
	Oakland-Alameda County C					For Official Use Only
	Division, Department, or Reg	ion (If Applicab	le)			To disal or any
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	Designated Agency Contact					
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3.)
			aklandcityattori	nev ora	Date of Original Filing:	
	(510) 238-3815	-	ananuchyanon	ney.org		(Month, Day, Year)
2.	Function or Event Infor		V 2020 1 1 1 1 1 2 2 2 2	- 5 1/-1	(Factor Tisks UDans C	50.50
	Does the agency have a ticke	1000	Yes ☐ No ☐		f Each Ticket/Pass \$	
	Event Description Disney on	Ice		Date(s)10	, 26 , 16	
	arch Title on Bull and East and an	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No ☐] If no:	Name of Source	9
	0.00					
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes ☐	If yes:	Official's Name (Las	I. First)
			-			
3.	Recipients			D 4- 14116 1 11-11-1-1-	-1 - Her Seation C to identify	on outside organization
	• Use Section A to Identify the agenc	y's department o	Number of			THE RESERVE OF THE PARTY OF THE
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	W/1/	E C	7 853(60)	William Asset Design		
1			Number of			
	B. Name of Individua	al	Ticket(s)/ Pass(es)		Identify one of the following	:
-		- Inches	1	Ceremonial Role	Other 🛛	Income
	Barbara J. Parker				ial Role" or "Other" describe helow	
					efficiencies of the operat	
				sporting and other	events that occur at Coli	
				Ceremonial Role		Income
			4	If checking 'Ceremoni	el Role" or "Other" describe below	
,						
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
ì	(include address and des	cription)	Pass(es)		11 50 50 50 50 50 50 50 50 50 50 50 50 50	D. D.
				1		
	Verification					
	have read and understand FPPC Regul	lations 18944.1 an	nd 18942. I have verifi	ed that the distribution set fo	orth above, is in accordance with th	ne requirements
	Day of (D)		Barbara J. Pa		Attorney/OAACA Officia	
ŕ.	Signature of Agency Head or Designee		Print Name	into Oity	Title	(Month Day, Year)
	organization of against a transfer or passigned		- Action of the Control of the Contr		omerani	emonths to the stands
	Comment:					

					Date Stamp	California Q02	
	Agency Name				Date Stamp	Form 802	
	Oakland Alameda County C					For Official Use Only	
Ī	Division, Department, or Regi	on (If Applicable	9)				
	Sabrina B. Landreth Designated Agency Contact (Name, Title)					
	City Administrator	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number		oaklandnet.c	om	Date of Original Filing:	(Month, Day, Year)	
	(510) 238-6840		goakiandrict.c	OTT		(Mohin, Day, Year)	
	Function or Event Inform			T Face Value	of Each Ticket/Pass \$ _	50.50	
	Does the agency have a ticke		Yes 🗵 No				
	Event Description Disney on	Provide Title/Exp	olanation			-	
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No [] If no:	Name of Sc	nurce	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabri			ina Landreth			
	of agency official?		110 🖂 100 🗈	,	Official's Name ('Last, First)	
3.	Recipients • Use Section A to identify the agence	ule department o	runit a Use Sect	tion B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.	
			Number of		blic purpose made pursuan		
	A. Name of Agency, Departme	∍nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuam	- To the agency o percy	
	R Name of Individu	al .	Number of		Identify one of the follow	wina:	
	B. Name of Individu	ai	Ticket(s)/ Pass(es)				
				Ceremonial Role		Income	
	Unable To Use		,,	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide se the Authority			
			14			that provide dervices to	
				Ceremonial Role	Other 🗆	Income [
					onial Role" or "Other" describe below		
					-		
	C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	ublic purpose made pursua	nt to the agency's policy	
	(include address and de	scription)	Pass(es)				
A	Verification				And plants produced to the second of the sec		
4.	Verification I have read and understand FPPC Reg	julations 18944.1 a	and 18942. I have ve	erified that the distribution se	el forth above, is in accordance	with the requirements.	
	/ Solar b	1/ Low	Sabrina La		City Administrator		
	Signature of Agency Head or Designa	ee/	Print Nan		Tille	(Mghth, Day, Year)	
	digitators of Agents Frede of Designs					**	
	Comment:					FPPC Form 802 (4/1	
	Commont.					FFFG FOITH OUZ (4/1)	

Agency Name Oakland Alameda County Co	iseum Authority			Date Stamp	California 802
Division, Department, or Regio					For Official Use Only
Sabrina B. Landreth					
Designated Agency Contact (N.	ame,Title)				
City Administrator				Amendment (Must p	rovide explanation in Part 3.)
Alea oodon none reason	E -mail SLandreth@oakla	andnet co	am.	Date of Original Filing:	(Month, Day, Year)
(510) 238-6840 Function or Event Inform		aridirotio			,
Does the agency have a ticket		⊠ No [Face Value o	of Each Ticket/Pass \$ _	50
Event Description Disney on I	ce		Date(s)10	27 , 16	
Ticket(s)/Pass(es) provided by		⊠ No [] If no:	Name of Sc	WITCH
				ina Landreth	70.5.5.
Was ticket distribution made at of agency official?	the behest No	☐ Yes 🗵	If yes:	Official's Name (Last, First)
Recipients • Use Section A to identify the agency	s department or unit.	Use Secti	on B to identify an Individ	ual. • Use Section C to Ider	ntify an outside organization.
A. Name of Agency, Departmen	nt or Unit Nu	mber of cket(s)/ ass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
		ass(es)			
B. Name of Individua	T	umber of icket(s)/ Pass(es)		Identify one of the follow	
			Ceremonial Role	Other Donial Role" or "Other" describe below	Income :
Unable To Use		4	To provide incenti	ves to City employees	that provide services to
			Ceremonial Role	Other Onial Role" or "Other" describe below	Income [
			West200000131-42 - 55-50-50-0		
C. Name of Outside Organ	ization	umber of Ficket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy
. Verification I have read and understand FPPC Regu	/ /			et forth above, is in accordance City Administrator	
Signature of Agency Head or Designed	700	brina Lai Print Nam		Title	(Month, Day, Year)
1980					

1.	Agency Name Oakland Alameda County C Division, Department, or Reg			Date Stamp	California 802 Form For Official Use Only	
	Sabrina B. Landreth Designated Agency Contact	(Name, Title)				
	City Administrator Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-6840	SLandreth@	@oaklandnet.d	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor Does the agency have a ticke Event Description Disney on	t policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _) 28 16	5053
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:				Name of Sc	ource
	Was ticket distribution made a of agency official?	at the behest	na Landreth Official's Name ((Last, First)		
3.	Recipients • Use Section A to identify the agence A. Name of Agency, Department	11 222 123	r unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden	
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Unable To Use		4		oking "Ceremonial Role" or "Other" describe below: e incentives to City employees that provide services to	
				Ceremonial Role	Other Inial Role" or "Other" describe below:	Income 🗌
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
4.	Verification I have read and understand FPPC Regu	ulations 18944.1 ai	nd 18942. I have ve Sabrina Lar		forth above, is in accordance w	ith the requirements.
	Signature of Agency Head or Designed	of Car	Print Name		Tille	(Month, Day, Year)

Sabrina B. Landreth Designated Agency Contact (Name, Tille) City Administrator Area Code/Phone Number [5-mail] SLandreth@oaklandnet.com Date of Original Filing: [Month, Day, Yea Month Month	1.	Agency Name Oakland Alameda County C				Date Stamp	California 802 Form 801
Area Code/Phone Number (510) 238-6840 SLandreth@oaklandnet.com Date of Original Filing: (Month, Day, Yea SLandreth@oaklandnet.com Date of Original Filing: (Month, Day, Yea (Month, Day, Yea SLandreth@oaklandnet.com) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$		Sabrina B. Landreth	£ 5.22				
Area Gode/Phone Number (510) 238-6840 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) Describe the gency have a ticket policy? Yes \(\) No \(\) Date(s) \(\) 10 \(\) 29 \(\) 16 \(\) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) Name of Source Was ticket distribution made at the behest of agency official? No \(\) Yes \(\) No \(\) If no: \(\) Name of Source Was ticket distribution made at the behest of agency official? No \(\) Yes \(\) No \(\) If yes: \(\) Sabrina Landreth No \(\) Yes \(\) Section 8 to identify an individual. \(\) Use Section 9 to identify an outside organization (but, find) A. Name of Agency, Department or Unit (but, find) B. Name of Individual (but, find) Number of Ticket(s)/Pass(es) Woo, Winnie Woo, Winnie Woo, Woo, Winnie Woo, Woo, Woo, Woo, Woo, Woo, Woo, Wo						Amendment (Must on	covide evolunation in Part 2 1
2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) 10 , 29 , 16 Event Description Disney on Ice Event Description Disney on Ice Provide TitlerExplanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 10 , 29 , 16 Ticket(s)/Pass(es) provided by agency? Yes No Mass ticket distribution made at the behest of agency official? 3. Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organ Use Section A to identify the agency's department or Unit Use Section B to identify an individual Use Section C to identify an outside organ Use Section A Name of Agency, Department or Unit Use Section B to identify an individual Use Section C to identify an outside organ Use Section A to identify one of the following: Pass(es) B. Name of Individual Rate or Contended Pass(es) Describe the public purpose made pursuant to the agency's portice Authority Woo, Winnie Contended Contended Pass(es) Describe the public purpose made pursuant to the agency's portice Authority Commonial Rate or Other or Other describe below: C. Name of Outside Organization (include address and description) Pass(es) Describe the public purpose made pursuant to the agency's portice and organization (include address and description) Pass(es) Describe the public purpose made pursuant to the agency's portice and organization (include address and description) Pass(es) Describe the public purpose made pursuant to the agency's portice and organization (include address and description) Pass(es) Describe the public purpose made pursuant to the agency's portice and organization (include address and description) Pass(es) Describe the public purpose made pursuant to the agency's portice and organization (include address and description) Pass(es) Describe the public purpose made pursuant to the agency's portice and the public purpose made pursuant to the agency's portice and the pass (included address an							*
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Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) Name of Source Was ticket distribution made at the behest of agency official? \(\) No \(\) Yes \(\) If yes: \(\) Sabrina Landreth of agency official? \(\) Officials Name (Last, First) \(\) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organ in the public purpose made pursuant to the agency's possible. \(\) Pass(es) B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public incentives to City employees that provide set the Authority Ceremonial Role \(\) Other (accordance below: C. Name of Outside Organization (Include address and description) Number of Ticket(e)' Pass(es) Describe the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency of the pass of the public purpose made pursuant to the agency of the pass of the public purpose made pursuant to the agency of the pass of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the pass of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made			201	Yes 🖾 No	☐ Face value o	of Each Ticket/Pass \$	
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Was ticket distribution made at the behest of agency official? No Yes Section B to identify an individual. • Use Section C to identify an outside organ. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(ss) No, Winnie Number of Ticket(s)/ Pass(ss) No, Winnie Number of Ticket(s)/ Pass(ss) Ceremonial Role Other Other describe below: To provide incentives to City employees that provide set the Authority Ceremonial Role Other Other describe below: To provide incentives to City employees that provide set the Authority Ceremonial Role Other Other describe below: To provide incentives to City employees that provide set the Authority Ceremonial Role Other Other describe below: To provide incentives to City employees that provide set the Authority Ceremonial Role Other Other describe below: To provide incentives to City employees that provide set the Authority Ceremonial Role Other Other describe below: To provide incentives to City employees that provide set the Authority Ceremonial Role Other Other describe below: A. Verification I have gad and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth City Administrator		Ticket(s)/Pass(as) provided by			□ If no:		
Sabrina Landreth Officials Name (Last, First) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's portion of the following:		ricket(s)/Fass(es) provided by	agency?	Yes 🔀 No	11 110.	Name of Sou	irce
3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organ A. Name of Agency, Department or Unit Number of Ticket[s] Ticket[s] Pass(es)			t the behest	No ☐ Yes	✓ If yes: Sabring	na Landreth	
A. Name of Agency, Department or unit. Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Woo, Winnie Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Oceremonial Role Other Other describe below: To provide incentives to City employees that provide set the Authority C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Other Other describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Obscribe the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency of the following: Oceremonial Role Other O	_			4 100		Official's Name (L	ast, First)
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B. Name of Individual (tast, First) Number of Ticket(s) Pass(es) Woo, Winnie Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide set the Authority Ceremonial Role Other Other It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Other It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Ticket(s)' Pass(es) C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's portion of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's portion of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's portion of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's portion of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's portion of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's portion of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency of the following: C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency of the following: C. Name of Outside Organization (Include address and describe below:							
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4. Verification The land of the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made pursuant to the agency to the public purpose made purpose m					Ceremonial Role		Income
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth City Administrator				Ticket(s)/	Describe the publ	lic purpose made pursuant (to the agency's policy
			tions 18944.1 and				the requirements.
Comment:	(· ·	fru				(Mdnth, Day, Year)

1	. Agency Name				D 1 61	AT dishe becament
-	The same of the sa	Collegeum A. A	L - 1.24		Date Stamp	California 802
	Oakland Alameda County C Division, Department, or Reg					Form OUZ
	Division, Department, or Keg	іоп (ії Арріісав	ile)			To official ose only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	@oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation			ted the stickers and	
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	5000
	Event Description Disney on	Ice		Data(s) 10	, 30 , 16	1 1
	Event Besonption	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou	
	10/ P L L P L P . P	275W 02 1W 100				rce
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Sabrir		
_					Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency		Number of	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	u.
	(rear, riter)		Pass(es)			9.
	Schlenk, Sarah			Ceremonial Role		Income
	·		4	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to		
				the Authority	is to only employees th	iat provide services to
				Ceremonial Role		Income
				If checking "Ceremonia	I Role" or "Other" describe below:	
	C. Name of Outside Organiz	atia s	Number of			
	(include address and descri		Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
			, 200(00)			
	Vaulfi anti a					
	Verification have read and understand FPPC Regulat	has t NAORE and	18042 have	ified that the dietablation and	m 17	
	Made III	013 0344.1 4110				he requirements.
(Signalure of Agency Head or Designee	you	Sabrina Lan		City Administrator	10/28/16
	organisms of Agency Head of Designee	0	Print Name		Title	(Mdnth, Day/Year)
(Comment:			40.100		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Sfamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Krishna Pettitt, Oakland City Attorney Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -510.383.4801 kpettitt@oaklandcityattorney.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 50.50 Yes⊠ No □ Event Description: DOI Date(s) __10 29 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No □ If no: Name of Source Was licket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to Identify an Individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Individual В. identify one of the following: (Lest, First) Pettitt, Krishna Ceremonial Role Olher 🔀 Income If checking "Ceremoniel Role" or "Other" describe below: 4 to investigate the efficiencies of operations of various sporting and other events occurring at Collseum Complex Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes C. Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

Verification

I have read and understand FEECIRegulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Krishna Pettitt Oakland City Attorney 10.31.16

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Ireid@oakland.net (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 55.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Disney on Ice 28 10 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No No Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Other X Ceremonial Role Reid, Larry If checking "Ceremonial Role" or "Other" describe below. to provide opportunities to community groups to utilize the 6 facility Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 10.3.16 **OACCA Chair** Larry Reid (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name OaklandAlameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . chrisdobbinslaw@yahoo.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 50.50 Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) ____/ Ever Description: Uisney on Ice 27 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: . Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Α. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ Passes (Last, First) Ceremonial Role 🔲 Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 6 to provide opportunities to community groups to utilize the facility Income 🔲 Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below. Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 10.3.16 OACCA Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

Comment: _

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1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	ority			Form OUZ
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				1075-00
	Does the agency have a ticke	t policy?	Yes 🗵 No	AN INCOME CONTRACTOR OF THE	of Each Ticket/Pass \$ _	013
	Event Description Warriors			Date(s)10	21 , 16	
	Event Description	Provide Title/Exp	lanation			
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	Sobri					Juice
		/as ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabi of agency official?				(Last, First)
3.	Recipients • Use Section A to Identify the agence	v'e denartment or	unit e Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	•	a the control of the	Number of		olic purpose made pursuan	
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	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ving:
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	Ford, Charles			The state of the s	nial Role" or "Other" describe below:	
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				the Authority		
				Ceremonial Role		Income
			2	If checking "Ceremon	nial Role" or "Other" describe below:	
		-1	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy

			-			
	17 10 0					
4.	Verification I have read and understand FPPC Regulation	ılations 18944.1 ar	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance w	with the requirements.
			Sabrina La		City Administrator	10/10/16
	Signature of Agency Head or Designed	,	Print Nam		Title	(Month, Day, Year)
	- Grand Till Garay (1875 - 17 - 1991)					
	Commont:					

-	emomai Noie Event			To the state of th	Date Stamp	California Q02
	gency Name		207		Date Stamp	Form 8UZ
	akland Alameda County C					For Official Use Only
Di	vision, Department, or Regi	on (If Applicable	e)			
S	abrina B. Landreth					
De	esignated Agency Contact (Name, Title)				
C	ity Administrator			☐ Amendment /Must or	rovide explanation in Part 3.)	
	rea Code/Phone Number	E-mail			A 1985.00	
(5	510) 238-6840	SLandreth@	oaklandnet.c	om	Date of Original Filing: -	(Month, Day, Year)
	unction or Event Inform	nation	2. 10 alver 3.00 alver 3.00			135000
	oes the agency have a ticke		Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	1200
	A-1			Data(s) 10) , 25 , 16	1
E	vent Description Warriors	Provide Title/Exp	olanation	Date(s)		
77	icket(s)/Pass(es) provided by	v agency?	Yes⊠ No [☐ If no:	Name of So	
13	ner(a)/r ass(es) browned p	, agono,	169 M 140 F		Name of So	urce
	as ticket distribution made a	at the behest	No ☐ Yes [✓ If yes: Sabr	ina Landreth Official's Name (l	Last, First)
(of agency official?					
3. F	Recipients			the District on Individ	ust a Use Section C to iden	tify an outside organization.
•	Use Section A to identify the agenc	y's department o	Number of			
1	Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
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-	Name of Individu	al	Number of		Identify one of the follow	ving:
E	Name of Individu		Ticket(s)/ Pass(es)			
_	V 000 02 8 W			Ceremonial Role	Other Donial Role" or "Other" describe below:	Income L
L	andreth, Sabrina		2		efficiencies of the ope	
				sporting and other	events that occur at the	ne Coliseum Complex.
-				Ceremonial Role		Income
					onial Role" or "Other" describe below:	
			2			
-	Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuar	nt to the agency's policy
_	(include address and de	scription)	Pass(es)			
-						
4	Verification					W. the seculeomorte
1	Verification have read and understand FPPC Reg	gulations 18944.1 a	and 18942. I have v	erified that the distribution se		with the requirements.
-	8		Sabrina La	ndreth	City Administrator	(Month, Day, Year)
	Signature of Agency Head or Designa	ee	Print Nar	ne	Title	(MORIII, Day, Tear)

Agency i	Report o	r:			
Caramar	alal Bala	Events	and	Ticket/Pass	Distributio

eremonial Role Events and Tick Agency Name	A CONTRACTOR OF THE CONTRACTOR	المنيخ المنيخ المناحد	Date Stamp	California	
Oakland-Alameda County Coliseum Author		For Official Use Only			
Division, Department, or Region (if Applicable)	. 1-2			i di Cittala coa celli	
	Alameda Co	untv		·	
Designated Agency Contact (Name, Title)	usan S. Muranishi, County Administrator, Alameda County				
Peer Blumes Listing			Amendment (Must pr	midda evrdənəkinn in Pari 3.1	
Area Code/Phone Number E-mail			1 " 1		
510-272-3862 countyadmini	strator@acgo	v.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information		, , , , , , , , , , , , , , , , , , , ,	ana 1 mm 1 s/Phasa P		
Ogas the agency have a ticket policy?	Yes 🔀 No 🛚	Face Value o	of Each Ticket/Pass \$ _		
Event Description Golden State Warriors B Provide TillerExpla	askethall nation		attached/		
(myserfelt, seeferly)	Yes⊠ No[Name of Sc		
Was ticket distribution made at the behest of agency official?	No⊠ Yes [] If yes:	Official's Name	(Last, First)	
Recipients • Use Section A to Identify the agency's department or I	tt - Hon Pace)	on E to leigntify an inclivid	lual. • Uso Soction C to Idea	ntify an outside organization.	
Use Section A to Identify the agency's department or I Name of Agency, Department or Unit	Number of Ticket(±)/	Describe the pu	pije biirboze waqe briznsu	t to the agency's policy	
page 1	Pags(e8)				
		<u> </u>	AND THE RESERVE OF THE PERSON		
B. Name of Individual	Number of Ticket(e)		Identify one of the follow	wing:	
(sact rum)	Pass(es)	Çeremonisi Role	Other 🗵	(ncome	
Muranishi, Susan S.	2/date	to provide incentives to City and County employees that provide services to the Authority			
		Ceremonial Rola		(псоляв	
Analda Cambridge	Number of	Figure 100 PM	ublic purpose made pursua	nt to the agency's policy	
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	heeren en b	and the property of		
		Mark Control of the C		AAAAA	
			and the second s		
Verlication I have read and understand FPPC Regulations 18944.1 at	nd 18942. I have v	dii ed that the distribution s	et forth ábove, is in accordance	with the requirements.	
Susan maranicki / nR	Susan S. Mi Print Nar	ıranishi	County Administrat	OF 10/6/16 (Month, May, Year)	
Comment:	M. H. C. Carres	CONTRACTOR OF THE CONTRACTOR O		FPPC Form 802 (4	

Golden State Warriors

October 2016

Susan Muranishi

•	Warriors v	October 4, 2016	(2) tickets	\$675.00
6	Warriors v	October 21, 2016	(2) tickets	\$675.00
6	Warriors v	October 25, 2016	(2) tickets	\$1350.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Warriors 2016 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: , Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ Passes (Last, First) Other X Income Ceremonial Role McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: To investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other _ Income _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification

I have read and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulation set.

Scott McKibben

OACCA Executive Director

Signature Wageney Healt or pesigness

Print Name

Title (month, day, year)

Comment:

Golden State Warriors

October 2016

Scott McKibben

6	Warriors v	October 4, 2016	(4) tickets	\$675.00
6	Warriors v	October 21, 2016	(4) tickets	\$675.00
0	Warriors v	October 25, 2016	(4) tickets	\$1350.00

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions
	. 1010	- A CILCO	arru	TICKEUPass	DISTRIBUTION

Agency Name					A Public Docume
Oakland Alameda County C	olicoum Au	Date Stamp	California 80		
Division, Department, or Regi	on //f Applica		7 01111		
	on (ii Applical		For Official Use Only		
	Name Title)				
	vairie, ritie)	1			
	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	SLandreth(@oaklandne	t.com	Date of Original Filing:	(Month, Day, Year)
Does the agapty have a tisk at the					1-5-00
	policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	6/5
vent Description Warriors Date(s) 10					1 1
			(11) 3 (
ricket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:		
Was ticket distribution made at the babase			D 0.1.1		rce
of agency official?	me beliest	No ☐ Yes	If yes: Sabrir		
				Official's Name (La	ast, First)
	donartment				
A Number of			ction B to identify an Individu:	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit		Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
		7 405(05)			
Name of Individual		Number of			
(Lest, First)		Ticket(s)/		Identify one of the following	a:
		1 255(65)			
efferson, Jamilah					Income
		To provide incentives			at provide comite
			the Authority	o to only employees the	at provide services to
			Ceremonial Role	Other 🗍	F
		2			Income
Name of Outside Organizat (include address and descrip	ion	Number of Ticket(s)/	Describe the public	Dilinose made	
(itiony	Pass(es)		purpose made pursuant to	the agency's policy
rification					
erification Ve read and understand FPPC Regulation	s 18944 1 and 1	8942 1 have ve-th	and that the states		
erification ve read and understand FPPC Regulation				above, is in accordance with the	e requirements.
		18942. I have veril Sabrina Land Print Name	\$ 1794.1	above, is in accordance with the	e requirements.
	Sabrina B. Landreth Designated Agency Contact (I) City Administrator Area Code/Phone Number (510) 238-6840 Function or Event Inform Does the agency have a ticket Event Description Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients Use Section A to identify the agency's A. Name of Agency, Department B. Name of Individual (Last, First) efferson, Jamilah	Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number (510) 238-6840 Function or Event Information Does the agency have a ticket policy? Event Description Warriors Provide Title/Ex, Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or A. Name of Agency, Department or Unit Name of Individual (Last, First) efferson, Jamilah	Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number (510) 238-6840 Function or Event Information Does the agency have a ticket policy? Yes 🖾 No Event Description Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🖾 No A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Name of Individual (Last, First) Pass(es) Number of Ticket(s)/Pass(es) Pass(es) Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es)	Division, Department, or Region (If Applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number (510) 238-6840 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest No Yes If yes: Sabring of agency official? Recipients Use Section B to Identify an Individual (sat, Final) A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Pass(es) Pass(es) Ceremonial Role If Checking 'Ceremonial To provide incentive: the Authority Ceremonial Role If Checking 'Ceremonial (include address and description) Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Pascribe the publication (include address and description) Number of Ticket(s)/ Pascribe the publication (include address and description)	Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number (510) 238-6840 E-mail SLandreth@oaklandnet.com Date of Original Filing: Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Warriors Date(s) 10 , 04 , 16 Flowide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: Name of Sou of agency official? Name of Agency, Department or unit. Use Section B to Identify an Individual. Section C to Identify A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the Authority Pass(es) To provide incentives to City employees the Authority Ceremonial Role Other If checking 'Ceremonial Role Other If checking 'Ceremoni

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name **Date Stamp** California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the County Counsel Designated Agency Contact (Name, Title) Donna Ziegler Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 5102726700 donna.ziegler@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 168.00 Yes ☒ No ☐ Event Description: Kanye West Concert 10 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Name of Source Was ticket distribution made at the behest Yes ☑ No ☐ If yes: Ziegler, Donna Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes

B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Branch, Devin		2	Ceremonial Role Other M Income
			Ceremonial Role Other . Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
erificatio	on .		

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Duly	Donna Ziegler	County Counsel	12-9-16
Signature of Agency Head or Désignee	Print Name	Title	(month, day, year)
Comment:			